

EXHIBIT A

Select Language 

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Civil Court Case Information – Case History

Case Information

Case Number: CV2022-010353 Judge: Sinclair, Joan
 File Date: 8/10/2022 Location: Downtown
 Case Type: Civil

Party Information

Party Name	Relationship	Sex	Attorney
Dennis Vetter	Plaintiff	Male	Pro Per
Old Dominion Freight Line	Defendant		Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
11/7/2022	AFM - Affidavit of Service Registered/Certified Mail	11/10/2022	
NOTE: SLEEP CHARGE			
11/7/2022	AFM - Affidavit of Service Registered/Certified Mail	11/10/2022	
NOTE: OLD DOMINION FREIGHT LINE			
11/7/2022	AFM - Affidavit of Service Registered/Certified Mail	11/10/2022	
NOTE: CONCENTRA			
10/19/2022	322 - ME: Notice Of Intent To Dismiss	10/19/2022	
8/10/2022	COM - Complaint	8/12/2022	Plaintiff(1)
8/10/2022	CCS - Certificate Arbitration - Subject To	8/12/2022	Plaintiff(1)
8/10/2022	CSH - Coversheet	8/12/2022	Plaintiff(1)
8/10/2022	NJT - Not Demand For Jury Trials	8/12/2022	Plaintiff(1)

Case Calendar

There are no calendar events on file

Judgments

There are no judgments on file

EXHIBIT B

Person Filing: Dennis Vetter

Address (if not protected): 12398 S 222 Avenue

City, State, Zip Code: Buckeye, AZ 85326

Telephone: 623-606-0847

Email Address: dlvetter1@gmail.com

Lawyer's Bar Number: _____

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner



COPY

For Clerk's Use Only

AUG 10 2022

Respondent

CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Dennis Vetter

Name of Plaintiff

Case Number: CVC 22 010353

Title: **CIVIL COMPLAINT**

Old Dominion Freight Line

Name of Defendant

Plaintiff hereby submits this complaint against Defendant(s) and alleges the following:

JURISDICTION and VENUE

1. Maricopa County Superior Court has the legal authority to hear and decide this case because: *(Check all boxes that are true.)*

- ☒ The value of this case exceeds \$10,000 dollars.
- ☐ Replevin or other nonmonetary remedy will take place in Maricopa County.
- ☒ The Plaintiff resides in Maricopa County.
- ☒ The Defendant resides in Maricopa County.
- ☒ The Defendant does business in Maricopa County.
- ☒ The events, actions, or debts subject of this Complaint occurred in Maricopa County.
- ☐ Other reason: _____

DISCOVERY TIER

2. Pursuant to Arizona Rules of Civil Procedure, Rule 26.2 (c) (3), the Court should assign my case to the following tier based on the amount of damages I request.

☐ Tier 1 = Actions claiming \$50,000 or less in damages.

☐ Tier 2 = Actions claiming more than \$50,000 and less than \$300,000 in damages,

OR Actions claiming nonmonetary relief.

☒ Tier 3 = Actions claiming \$300,000 or more in damages.

PARTIES

3. The Plaintiff in this case is Dennis Vetter

4. The Defendant in this case is Old Dominion Freight Line, Concentra, Sleep Charge

STATEMENT OF FACTS AND BREACH

5. See Attached

6. _____

7. _____

8. _____

9. _____

10. _____

(If you need more space, add an attachment labeled "Statement of Facts and Breach," and continue consecutive numbering.)

APPLICABLE LAW SUPPORTING CLAIMS

- () Negligence - ARS 12-2505 _____

- () _____

- () _____

- () _____

- () _____

- () _____

(If you need more space, add an attachment labeled "Applicable Laws Supporting Claims," and continue consecutive numbering.)

INJURIES

- () Loss of a career with ODFL I had planned to keep, I was very satisfied there. Loss of income in 2020. Loss of companionship as I had to go to North Dakota to drive for farming.

- () Had to support 2 households.
- ()
- ()
- ()

(If you need more space, add an attachment labeled "Injuries," and continue consecutive numbering.)

DEMAND FOR RELIEF

WHEREFORE, Plaintiff demands judgment against defendant(s), and each of them (if applicable) for the following dollars, interest, costs and expenses incurred herein, or non-monetary remedy, including reasonable attorneys' fees, and for such other and further relief as the Court may deem just and proper.

- () Dennis Vetter, plaintiff and his wife Debi Vetter, claimant, claim monetary damages Old Dominion Freight Line and Concentra and Sleep Charge being commissioned by
- () Old Dominion.
- ()
- ()

(If you need more space, add an attachment labeled "Demand for Relief," and continue consecutive numbering.)

Dated this 8-10-22
(Date of signature)

Dennis Vetter
(Signature of Plaintiff or Plaintiff's Attorney)

Statement of Facts and Breach

5. 02/28/2020 I Dennis Vetter was injured at work. I worked for Old Dominion Freight Line, (ODFL), Phoenix Division.
6. 03/05/2020 I had an appointment with my Primary Care Physician; Joshua Holland, MD. He found that I had a hernia. He referred me to a surgeon.
7. 03/06/2020 I had appointment with my Surgeon, Jordan Glenn, D.O. He said I had a Inguinal Hernia that requires surgery. Surgery scheduled for 03/24/2020.
8. 03/11/2020 ODFL required me to go to their physician at Concentra Health Care Services, (Concentra) I was examined by Zaid Hanoudi, MD. I was given a 2 year Medical Card. Released to go back to work until day of surgery. (Exhibit 1)
9. 03/24/2020 Had hernia surgery.
10. 03/24/2020 through 05/04/2020 off for recovery, receiving Workers Comp.
11. 05/05/2020 Took 'Fit For Duty Report without Restrictions' to ODFL Manager, Gerry Mendoza. (Exhibit 2)
12. 05/07/2020 ODFL required me to go back to their physician at Concentra and get another exam. I was examined by David Horwitz, M.D. He said I had not passed. I disputed his diagnosis and showed him my 2 year Medical Card from 03/11/2020. Dr. Horwitz, Nate the Concentra manager, and a female assistant went out side the Exam Room closed the door and started arguing about me. When they came back in the room Dr. Horwitz gave me a 3 months Medical Card and told me I meet the standards but he was refering me to get a sleep study with in the 90 days. Dr. Horwitz measured my neck a second time. I reminded Dr. Horowitz that I had hernia surgery and I still felt like I had body fluid in my system but other wise I felt great. Dr. Glenn had told me that I might be swollen for 6 months to a year. (Exhibit 3)
13. 05/08/2020 Took 90 Day Medical Card to ODFL Manager, Gerry Mendoza. He said I needed to take the sleep test before I could return to work. I disputed due to the discrepancy in diagnosis between the two physicians at Concentra. I asked Gerry if we had a sleep test policy because I had never seen one, he referred me to corporate. (Exhibit 4)
14. 05/19/2020 I called ODFL corporate and spoke with Sam Faucette, VP- Safety & Compliance, about the sleep test policy. I advised him that I had never seen it or signed it. If ODFL has one I could not find it in the current online ODFL Employee Handbook. He just kept saying you have to take the sleep test to return to work.
15. 05/20/2020 Followed up phone call with Sam Faucette with an e-mail. (Exhibit 5)

16. 05/20/2020 Received a document Titled 'Occupational Sleep Apnea (OSA)". I had never seen this document before and had never signed it. (Exhibit 6)
17. 05/22/2020 emailed Greg Gantt, President and CEO to make him aware of my situation and ask for my job back. (Exhibit 7)
18. 05/22/2020 Received email from Greg Gantt that did not fully address my email. (Exhibit 8)
19. 05/22/2020 emailed Greg Gantt back advising him because I had a family to support I had no choice but to take the sleep test. (Exhibit 9)
20. 05/25/2020 Did sleep test 'Under Pressure", needed to get back to work. I wanted to write 'Taking Test Under Duress' the woman that tested me said she would not be able to give the test if I wrote that on the Authorization Release Form. (Exhibit 10)
21. 05/28/2020 Rich from Sleep Charge called, advised that I had not passed the "Sleep Study" he said I had "severe" apnea. I called Rich back with questions; asked for him to send a hard copy of test results. Received a 'screen shot' on my phone. I noticed several errors on the test results; even though it was very hard to read. I refused to go on the PAP machine until I consulted with my Primary Care Physician; Joshua Holland, MD. (Exhibit 11)
22. 06/09/2020 Had meeting set with my manager Gerry Mendoza to discuss discrepancies on the sleep test. To my surprise a conference call had been set up with six people; Gerry Mendoza, Brandon; ODFL employee, Sam Faucette, Logan Sechrist; ODFL employee, Kathy and another female from Sleep Charge. They wanted to discuss errors on sleep test. They wanted me to take a second Home Sleep Test, I refused. I said I would not take another sleep test with Sleep Charge. They said if I went somewhere else it would not be covered by OD Insurance. I told them I wanted to do an in person sleep test and that I would pay for it myself, they refused.
23. 06/10/2020 Called Kathy at Sleep Charge to request all results of my sleep test be faxed to Dr. Holland because I had an appointment with him on 06/12/2020.
24. 06/12/2020 Met with Dr. Holland, because he did not have full report only had results was unable to answer my questions.
25. 06/16/2020 Dr. Holland received a faxed report from Sleep Charge. Some of the results on the report had been changed from the 'Results Sheet'. Dr. Holland offered to refer me for a Sleep Study. I advised him that OD would only accept a sleep test from Sleep Charge. He advised me that he had not sent me for a sleep test because I was asymptomatic. (Exhibit 12)
26. 06/22/2020 Gerry called and said I could come back to work because I had used the PAP machine for two and a half hours. I told him I had not used the PAP machine. I wanted to know where that information came from, he referred me to corporate.

27. 06/24/2020 Gerry called, and said Sleep Charge made a mistake about being on the PAP machine.

28. 08/10/2020 Gerry called, to see if I was going to go on the PAP machine so that I could come back to work, I said No.

29. 06/21/2022 Since I was never formally Terminated, I called ODFL, payroll and was told that my Termination date was 08/10/2020.

Statement of Facts and Breach

30. Paragraph 12; the Concentra physician should have known that Dennis Vetter's surgery contributed to his weight gain and neck size because of inactivity and swelling. Concentra's negligence directly contributed to Dennis Vetter not returning to work.

31. Paragraph 13; ODFL ignored the discrepancies in diagnosis of 'their' two physicians. ODFL ignored the 90 day Medical Examiner's Certificate allowing me to drive for 90 days and 90 days to take the sleep study. This negligence was a direct cause of Dennis Vetter not returning to work.

32. Paragraph 21; the results of the sleep study had findings that put me as having "severe" apnea. This caused me distress until I figured out that the findings could not be about me. Sleep Charge did not exercise due care when testing me, with the results causing Dennis Vetter and his Debi Vetter unnecessary anguish.

33. Paragraph 22; This meeting caused me distress as there were 6 people in the meeting that were trying to get me to start using the PAP machine even though Sleep Charge had completely messed up the sleep study. I wanted my job back but I was not going to go on the PAP machine when Sleep Charge had already made so many gross medical errors.

34. Paragraph 25; The Sleep Charge report sent to Dr Holland contained at least 5 changes or alterations to the report, note in Exhibit 12. Sleep Charge altered my medical report which is a harmful act that could be deadly.

Exhibit
1

Form MCSA-5875

OMB No 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-804, 1200 New Jersey Avenue, SE, Washington, DC 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Xivert First Name: Dennis In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 3/11/22

Medical Examiner's Signature: <u>[Signature]</u>	Medical Examiner's Telephone Number: <u>602.233.2117</u>	Date Certificate Signed: <u>3/11/20</u>
Medical Examiner's Name (please print or type): Zaid Hanoudi MD	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Medical Examiner's State License, Certificate, or Registration Number: 56883	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
	Issuing State: Arizona - AZ	National Registry Number: 8113618727

Driver's Signature: <u>Dennis Vetter</u>	Driver's License Number: <u>Redacted</u>	Issuing State/Province: <u>Arizona</u>
Driver's Address: <u>12398 S-22nd Ave</u>	City: <u>Buckeye</u>	State/Province: <u>AZ</u>
Street Address: <u>12398 S-22nd Ave</u>	City: <u>Buckeye</u>	State/Province: <u>AZ</u>
	Zip Code: <u>85326</u>	Yes <input type="radio"/> No <input type="radio"/>

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Vetter First Name: Dennis Middle Initial: _____ Date of Birth: Redacted Age: 54
 Street Address: 12398 S. 222nd City: BUCKEYE State/Province: AZ Zip Code: 85326
 Driver's License Number: Redacted Issuing State/Province: AZ Phone: Redacted Gender: ☒ M ☐ F
 E-mail (optional): _____ CLP/CDL Applicant/Holder*: ☒ Yes ☐ No
 Driver ID Verified By**: D-C
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

*CLP/CDL Applicant/Holder. See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☒ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

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Last Name: Vetter

First Name: Dennis

DOB: Redacted

Exam Date: 3/11/2020

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: Dennis VetterDate: 3-11-20**SECTION 2. Examination Report (to be filled out by the medical examiner)****DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Re-) signed Hues: going to Sun 3/24 → Larry driver

(Attach additional sheets if necessary)

Last Name: Vetter First Name: Dennis DOB: Redacted Exam Date: 3/11/2020

TESTING

Pulse rate: 84 Pulse rhythm regular: ☒ Yes ☐ No

Height: 5 feet 11 inches Weight: 250 pounds

Blood Pressure Systolic 132 Diastolic 86

Second reading (optional)

Urinalysis Sp. Gr. Protein Blood Sugar

Urinalysis is required. Numerical readings must be recorded. 1.030 + 1 0 0

Other testing if indicated

Bmi 34 neck 16.5

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Mmm Rhythm in 1-2 waves

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Acuity Uncorrected Corrected Horizontal Field of Vision
Right Eye: 20/ 25 20/ 25 Right Eye: 85 degrees
Left Eye: 20/ 25 20/ 25 Left Eye: 85 degrees
Both Eyes: 20/ 25 20/ 25

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither
Whisper Test Results
Record distance (in feet) from driver at which a forced whispered voice can first be heard 5 5

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors ☒ Yes ☐ No

OR

Audiometric Test Results

Monocular vision

Right Ear

Left Ear

☐ 500 Hz ☒ 1000 Hz ☐ 2000 Hz

500 Hz 1000 Hz 2000 Hz

500 Hz 1000 Hz 2000 Hz

Referred to ophthalmologist or optometrist?

☐ ☒ ☐

Received documentation from ophthalmologist or optometrist?

☐ ☒ ☐

Average (right):

Average (left):

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System

1. General

Normal Abnormal

2. Skin

3. Eyes

4. Ears

5. Mouth/throat

6. Cardiovascular

7. Lungs/chest

Body System

8. Abdomen

9. Genito-urinary system including hernias

10. Back/Spine

11. Extremities/joints

12. Neurological system including reflexes

13. Gait

14. Vascular system

Normal Abnormal

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(R) Michel Inzul Hami

(Attach additional sheets if necessary)

Last Name: Vetter First Name: Dennis DOB: RedactedExam Date: 3/1/22

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

☐ Does not meet standards (specify reason): _____☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate☐ Meets standards, but periodic monitoring required (specify reason): _____Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)☐ Determination pending (specify reason): _____☐ Return to medical exam office for follow-up on (must be 45 days or less): _____☐ Medical Examination Report amended (specify reason): _____

(if amended) Medical Examiner's Signature: _____

Date: _____

☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): Zaid Hanoudi M.D.Medical Examiner's Address: 5340 W. Buckeye Rd. 3 City: Phoenix State: AZ Zip Code: 85043Medical Examiner's Telephone Number: 602.233.2117 Date Certificate Signed: 3/1/22Medical Examiner's State License, Certificate, or Registration Number: 56883 Issuing State: AZ☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse☐ Other Practitioner (specify): _____National Registry Number: 8113618727Medical Examiner's Certificate Expiration Date: 3/1/22

Exhibit +
#2

arizona associated surgeons

Arizona's Choice for Surgery

Jordan Glenn DO

6750 W. Thunderbird Rd Suite B108

Peoria, Az 85381

Phone 602-843-8317

Fax 602-843-9091

Date: 4/20/2020 10:18 AM

Patient Name: Dennis Vetter

DOB: Redacted

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT HAS BEEN UNDER MY CARE AND MAY RETURN TO WORK/SCHOOL

EFFECTIVE

5/4/2020

FAX #: _____ Attn: _____

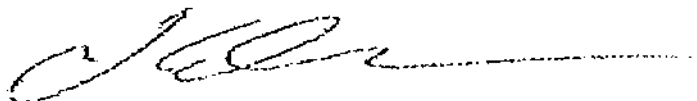
THE FOLLOWING MAY APPLY:

☐ **NO LIFTING** OVER 10 LBS UNTIL _____

☒ **MAY RETURN TO WORK/SCHOOL WITH NO RESTRICTIONS** _____

☐ **OTHER** _____

Physician Signature:



Jordan J Glenn DO



Helping the world
keep promises.™

FITNESS FOR DUTY TO RETURN FROM LEAVE CERTIFICATION

An employee on leave of absence because of his/her own serious medical condition must present this release to his/her supervisor prior to or on the day he/she returns to work. An employee may not work without this release.

TO: Health Care Provider

Our employee Dennis G. Vetter 56842 began a period of medical care leave for his/her serious health condition on _____ Date employee commenced leave) 3/24/2020

As a condition of return to work, the employee must have a medical examination. This form must be completed by you, as his/her health care provider, before the employee is allowed to resume his/her job duties.

1. Employee Name: Dennis Vetter
2. Employee's Job Title: Driver
3. Date of Medical Examination: 5/1/2020, 6/8/2020
4. Date employee may return from leave 5/6/2020 PT was clear for RTW
5. Please indicate with a check mark the status of the employee's release for duty. on 6/8/2020 5/6
☒ Full, unrestricted duty.
☐ Modified duty. (Complete question 6.)
☐ not released for any type of duty. Projected return date. _____

6. If you are releasing the employee to modified duty, you must complete the following:

- a. Estimated date that employee will be able to return to full, unrestricted duty: _____
- b. Date of your next medical evaluation of the employee: _____
- c. Indicate the exact work restrictions which apply to the employee at this time.

Signature of Health Care Provider

Jordan Glean DO

Print Name of Health Care Provider

Date

6/8/2020

6028438317

Phone Number

PLEASE SEND FORM TO: LEAVE OF ABSENCE

500 Old Dominion Way

Thomasville, NC 27360

Phone: (336) 822-5768 Fax: (336) 822-1523

11. Must be able to occasionally reach above shoulder level, at waist level and below waist level for maneuvering and directing the controls to operate the truck.
12. Must be able to frequently load and unload full trailers of freight weighing as much as 50,000 pounds. This could involve moving 100 pound containers to and from floor level to carts, stacks, conveyors or platforms, over four feet high, balancing 300 pound drums on their rims and rolling them into position or stowing cartons or other merchandise overhead that weigh as much as 100 pounds each. This type of activity could precede or follow as much as 11 hours of driving.
13. Must be able to install and remove tire chains when required due to inclement weather.
14. Must be able to spend at least 50% of the day standing and 50% of the day walking on surfaces such as concrete, wood and metal, and sometimes on slippery and wet surfaces.
15. Must be able to hook/unhook various commercial vehicle combinations, manually lower and raise landing gear, operate the fifth wheel release lever, lock and release pintle-hooks, attach and release safety chains, open and close cargo doors, climb into and off of vehicles, fuel vehicles and check engine oil and coolant levels.
16. Must satisfactorily pass any physical testing requirements, which is consistent with the job requirements discussed above.
17. Must be able to work in extreme temperatures and all types of weather conditions.
18. Must be able to work in an environment in which noise and odors may be present.

Date: 6/8/2020

Physician's Signature: _____

Physician's Name Printed: Jordan Glenn DO

Patient/Employee Printed Name: Dennis Vetter

✓ Authorization for release to Return to Work: Circle - Yes or NO

If NO, please note the reason below:

Exhibit
3

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 11/30/2021

Last Name: Vetter First Name: Dennis DOB: Redacted Exam Date: 5-7-20

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): _____
- ☐ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☒ Meets standards, but periodic monitoring required (specify reason): Sleep study to R/O OSA
- Driver qualified for: ☒ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): _____
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): _____
- ☐ Medical Examination Report amended (specify reason): _____
- (if amended) Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): David Horwitz MD

Medical Examiner's Address: 5340 W. Buckeye Rd #3 City: Phoenix State: AZ Zip Code: 85043

Medical Examiner's Telephone Number: 602 233 2117 Date Certificate Signed: 5-7-20

Medical Examiner's State License, Certificate, or Registration Number: 46694 Issuing State: AZ

☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 2530527133

Medical Examiner's Certificate Expiration Date: 8-7-20

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0005. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)
PERSONAL INFORMATION

Last Name: Vetter First Name: Dennis Middle Initial: _____ Date of Birth: Redacted Age: 54
 Street Address: 12398 S. 222nd City: BUCKEYE State/Province: AZ Zip Code: 85326
 Driver's License Number: Redacted Issuing State/Province: AZ Phone: (623) 606-0847 Gender: ☒ M ☐ F
 E-mail (optional): _____ CLP/CDL Applicant/Holder*: ☒ Yes ☐ No
 Driver ID Verified By**: Driver License
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See Instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

☒ Yes ☐ No ☐ Not Sure

Hernia

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?
 If "yes," please describe below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Last Name: Vetter

First Name: Dennis

DOB: Redacted

Exam Date: 5/7/2020

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Yes	No	Not Sure	Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.

☐ Yes ☐ No ☐ Not Sure**CMV DRIVER'S SIGNATURE**

(Attach additional sheets if necessary)

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: Dennis VetterDate: 5-07-2020**SECTION 2. Examination Report (to be filled out by the medical examiner)****DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

hernia repair → no issues: released back to normal activity by the surgeon

(Attach additional sheets if necessary)

Form MCSA-5875

Last Name: Vetter First Name: Dennis DOB: Redacted**TESTING**Pulse rate: 72 Pulse rhythm regular: ☒ Yes ☐ No Height: 5 feet 11 inches

Blood Pressure	Systolic	Diastolic	Urinalysis
Sitting	<u>114</u>	<u>67</u>	Urinalysis is required. Numerical readings must be recorded.
Second reading (optional)			

Other testing if indicated

Protein, blood, or sugar in urine rule out any underlying medical condition.

BMI- 36 Neck- 17**Vision**

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Hearing

Standard: Must first perceive hearing loss of less than or equal to 20 dB.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision	Check if hearing aid used
Right Eye:	20/ <u>30</u>	20/___	Right Eye: <u>85</u> degrees	Whisper Test Results Record distance (in feet) from which whispered voice can first be heard.
Left Eye:	20/ <u>30</u>	20/___	Left Eye: <u>85</u> degrees	
Both Eyes:	20/ <u>25</u>	20/___		

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Yes No OR

☒ ☐ ☐ Audiometric Test Results:

Monocular vision

Right Ear
☐ ☒ 500 Hz 1000 Hz 2

Referred to ophthalmologist or optometrist?

☐ ☒ ☐

Received documentation from ophthalmologist or optometrist?

☐ ☒ ☐ Average (right):**PHYSICAL EXAMINATION**

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner should advise the driver to take the necessary steps to correct the condition as soon as possible to prevent a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System
1. General	<input checked="" type="radio"/>	<input type="radio"/>	8. Abdomen
2. Skin	<input checked="" type="radio"/>	<input type="radio"/>	9. Genito-urinary system
3. Eyes	<input checked="" type="radio"/>	<input type="radio"/>	10. Back/Spine
4. Ears	<input checked="" type="radio"/>	<input type="radio"/>	11. Extremities/joints
5. Mouth/throat	<input checked="" type="radio"/>	<input type="radio"/>	12. Neurological system
6. Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	13. Gait
7. Lungs/chest	<input checked="" type="radio"/>	<input type="radio"/>	14. Vascular system

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability. Enter applicable item number before each comment.

Exhibit
4

Form MCS-13876

Public Burden Statement

This form may not be conducted or repeated, and a person is not required to respond to it, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless it displays this Public Burden Statement. The OMB Control Number for this information collection is 2126-0065. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Project, Federal Motor Carrier Safety Administration, MC-884, 1200 New Jersey Avenue, SE, Washington, DC 20590.

OMB No. 2126-0065 Expiration Date: 11/09/2021

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: VoHter First Name: Dennis In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) On
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances which will only be valid for Intrastate operations, and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5975, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
8-7-20

Medical Examiner's Signature


Medical Examiner's Name (please print or type)
David Horwitz M.D.

Medical Examiner's State License, Certificate, or Registration Number
46694

Medical Examiner's Telephone Number
602.233.2117

Date Certificate Signed
5-7-20

Medical Examiner's State
Arizona - AZ

Medical Examiner's National Registry Number
2530527133

Driver's Signature


Driver's Address
12398 S. 222nd

City/State/Zip
Av. Buckeye AZ 85326

Driver's License Number
Redacted

Issuing State/Province
AZ

CLP/CDL Applicant/Holder
Yes ☐ No ☐

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Exhibit ~~#~~ 5



Dennis Vetter

Redacted

**Dennis Vetter 56842**

1 message

Dennis Vetter Redacted

Wed, May 20, 2020 at 1:31 PM

To: sam.faucette@odfl.com

Dear Mr. Faucette,

Thank you for taking my call yesterday; May 19, 2020. Per our conversation please send me an email copy of ODFL's Policy and or Procedure requiring the sleep test and the 30 day off policy requiring a current medical exam.

Thank you,

Dennis Vetter 56842

Redacted

Exhibit #6

Occupational Sleep Apnea (OSA)

The following guidelines should be followed regarding any Old Dominion Freight Line, Inc. ("Old Dominion") employee classified as either a full time or part-time P&D or Line haul driver (each, a "Driver"). While these procedures are subject to change within the FMCSA regulatory environment, the below are Standard Operating Procedures.

Old Dominion has partnered with FusionHealth as an Obstructive Sleep Apnea ("OSA") diagnosis and treatment provider. Upon any recommendation of a sleep study for a Driver, Old Dominion's Safety Department will contact the service center manager and ask the service center manager to advise the Driver that he or she will be contacted by FusionHealth to arrange for a sleep study and diagnosis.

If Old Dominion recommends a sleep study following receipt of a Driver's DOT Medical Certification, such Driver shall not operate as an Old Dominion Driver until a diagnosis is confirmed by FusionSleep. In most cases the Driver will be issued a 3-month medical certification pending a diagnosis.

A negative diagnosis for a sleep disorder should be forwarded to the medical examiner and the Driver will then typically be issued a 1 or 2 year medical certification.

A positive diagnosis of a sleep disorder will require the Driver to enter treatment. The most common sleep disorder is OSA, which is treated with Positive Airway Pressure ("PAP"). This treatment can begin immediately with a 3-day acclimation period monitored by FusionHealth. Following the 3rd day of successful treatment, results will be forwarded by FusionHealth to both the Old Dominion Safety Department and the applicable service center manager. Upon the approval of both the Old Dominion Safety Department and the applicable service center manager, the Driver will typically be allowed to return to driving duties for Old Dominion.

Positive acclimation to treatment will be forwarded to the Driver for medical re-certification. At this time the Driver should be issued a DOT Medical Certification for no more than 1 year.

OSA treatment is continuous unless there is a change in diagnosis. Periodic sleep studies (generally every three years) are recommended unless there is a change in the Driver's physical condition, such as surgery or weight loss.

OSA diagnosis and treatment is provided through the OD Wellness Benefits program and will be at "no cost" to the Driver. FusionHealth will also provide all equipment necessary to the Driver and perform sleep performance monitoring. Results will be provided to the driver and the medical examiner as needed.

Drivers that are presently in OSA treatment with any other provider may remain and are responsible to provide any medical "release of information" documents to the Medical Examiner for periodic monitoring and usage compliance.

FusionHealth cannot, by law, contact the other provider to request this information, unless the driver is a FusionHealth patient. For this reason and to control equipment and monitoring costs, it is recommended that all participants seek OSA diagnosis and treatment through FusionHealth.

Any Driver that does not complete the monitoring controls and meet or exceed the FusionHealth threshold for 70% compliance for any 30 day period will not be considered medically qualified and, therefore, will not be permitted to drive. If non-compliance persists for an extended amount of time the Driver can be determined to not meet the requirements of the job description of either a P&D or line haul driver.

When a DOT Medical Certification is returned to the applicable service center manager, the service center manager must forward a copy to Old Dominion's Safety Department. It is imperative that any DOT Medical Certification with a sleep study recommendation be expedited.

For any questions contact:

Sam Faucette, Vice President of Safety and Compliance @ 336-822-5332 or

Kandi Murphy, Safety Representative @ 336-822-5966

Exhibit # 7



Redacted

Dennis Vetter

Redacted

Fri, May 22, 2020 at 11:35 AM

To: greg.gantt@odfl.com, sam.faucette@odfl.com, kandi.taylor@odfl.com

May 22, 2020

Hi my name is Dennis Vetter; I'm not just 56842. I have proudly worked for Old Dominion Freight Line for almost 13 years, my anniversary date is July 23. I recently received a Service 2.OD Award.

The following are the results of my last three physicals at Concentra for context and consideration.

- 01/25/2019 Le Vu, MD (5'11" 265lbs BMI-37 Neck-16") - Received Two Year Medical Card
 — 03/11/2020 Hanoudi, MD (5'11" 250lbs BMI-34 Neck 16.5") - Received Two Year Medical Card
 — 05/07/2020 Horwitz, MD (5'11" 263lbs BMI-36 Neck-17") - Received 90 Day Medical Card

Dr. Horwitz told me I would need to do a sleep test which I questioned. I showed him the 2 year medical card I received 8 weeks prior. Dr. Horwitz, Nat the manager at Concentra, and a female assistant went outside the exam room closed the door and began to argue about me for a couple of minutes. They returned to the exam room and Dr. Horwitz gave me a 90 Day Medical Card and said I had 90 days to complete the sleep test. I believed at that time I could return to work but had to get the sleep test within 90 days. A few days later I returned to Concentra and asked Nat why there was a difference between the two doctors he said "it is all subjective" it is up to the doctors. I asked if they go by a chart or what requirements they go by to refer to a sleep test he said "look on the internet".

Of course I reported what happened at Concentra to my terminal manager Gerry Mendoza. He advised me that I needed to get the sleep test before I could go back to work. I asked him to see the OD Policy or Procedure because I did not remember seeing or signing anything to do with sleep test or sleep apnea. I was referred to Kandi Taylor. I left messages for over a week with Kandi but received no response. Finally on May 19th I called H.R. still trying to get a copy of the Policy or Procedure. I was connected with Logan. Logan did not know of the Policy or Procedure. He spoke with Kandi after which I was transferred to Sam Faucette. I spoke with Sam trying to voice my concern about having to comply with a Policy or Procedure that at least to my memory; I had never seen or signed. Sam said I should take the test because there is no way around it. He did say he would email a policy that requires a medical if you have been off for more than 30 days. On May 20 I did receive an email document from Sam. The document I received is unlike any other Policy or Procedure I have seen or signed in the past. The document did not have a logo, date, To:, From:, and did not have a place to sign. I cannot comply with a Policy or Procedure that I am unaware.

Since this all began I have done some research . I know that in Parker v. Crete Carrier Corporation, Crete prevailed. Crete had a policy that "required" its truck drivers with Body Mass Indexes (BMIs) of 35 or greater to get medical examinations to determine whether they had obstructive sleep apnea. I agree; Crete had an established "required" number of 35 BMI. I have not seen an OD Policy or Procedure in regards to BMI and or Obstructive Sleep Apnea (OSA).

Further in 2016 the Medical Review Board and Motor Carrier Safety Advisory Committee recommended that BMIs of 40 or above or BMIs of 33 plus three additional risk factors. I realize that these are

recommendations. **My objection is If I had known of a Policy or Procedure; I definitely would have been more cautious with my weight** while recuperating from my hernia surgery. In regards to risk factors I cannot change being male or over 50 but I can loose weight. I would like to let you know while preparing for hernia surgery I had an EKG that was normal, a blood test that returned normal in all areas, only my cholesterol was slightly high. My doctor did not prescribe any medication. I am not and never have been on any medication. He just told me to eat better; which I am already doing. I have never had an issue with sleep and I am rested when I wake up. Using the Sleep Apnea Machine is a form of medication.

I grew up on a cattle ranch and farm in North Dakota. I have worked since I was 12 years old. I want to go back to work. This is about me, my health, my Medical Card, and my CDL which to me is "objective" not "subjective".

Respectfully and God Bless,

Dennis Vetter

Redacted

Exhibit #8

5/22/2020

Gmail - Dennis Vetter 56842



Dennis Vetter

Redacted

>

Dennis Vetter 56842

Greg Gantt <Greg.Gantt@odfl.com>

Fri, May 22, 2020 at 12:26 PM

To: Dennis Vetter <Redacted>

>, Sam Faucette <Sam.Faucette@odfl.com>, Kandi Taylor

<Kandi.Taylor@odfl.com>

Dennis, I can understand your frustration but you are required to pass a physical from the doctor to be allowed to drive. If that doctor requires a sleep test I am not sure how any policy we may or may not have can override what the doctor is requiring you to do. How can I help you otherwise?

Greg Gantt

President and CEO

Helping the World Keep Promises.®



Office: (336) 822-5246

Email: Greg.Gantt@odfl.com

Old Dominion Freight Line, Inc.
500 Old Dominion Way
Thomasville, NC 27360

OFFICIAL
FREIGHT
CARRIER



odfl.com LinkedIn Facebook Twitter

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From: Dennis Vetter <Redacted>

>

Sent: Friday, May 22, 2020 2:36 PM

To: Greg Gantt <Greg.Gantt@odfl.com>; Sam Faucette <Sam.Faucette@odfl.com>; Kandi Taylor <Kandi.Taylor@odfl.com>

Subject: Dennis Vetter 56842

CAUTION EXTERNAL EMAIL: This email originated outside of ODFL. Do not click links or open attachments unless you verify the sender and know the content is safe.

[Quoted text hidden]

Exhibit #9



Dennis Vetter

Redacted

Dennis Vetter 56842

Dennis Vetter

Redacted

Fri, May 22, 2020 at 2:21 PM

To: Greg Gantt <Greg.Gantt@odfl.com>

Thank you Sir for responding to my email so promptly. Yes, I am frustrated because the doctors at Concentra, where I must go per OD don't agree about me and my Medical Card. Further as I stated in the prior email because of my hernia surgery I have had a current physical and I am healthy; healthy enough to have surgery. I was advised at Concentra that referring a patient for a sleep study is "subjective". I was shocked that within 8 weeks while I was out on Workers Comp I went from a two year Medical Card to a 90 day Medical Card. I want to choose the Concentra doctor that gave me a two year medical card, my primary care doctor and my surgeon all of whom gave me a passing physical. I need a job and I have a family to support so I have no other choice but to take the sleep test. Thank you for your concern.

[Quoted text hidden]

Exhibit [#] 10



HIPAA AUTHORIZATION TO RELEASE

My Employer, whether via employment agreement or independent contractor agreement, (the "Employer") has engaged the services of Fusion Health, LLC ("FusionHealth") to provide, directly or through subcontractors, diagnostic sleep disorders testing, treatment therapies and long-term treatment compliance tracking and reporting to ensure compliance with the laws and regulations governing commercial vehicle drivers.

DOT does not require sleep test at this date.

PATIENT INFORMATION

Full Name: ☒ Dennis Vetter Date of Birth ☒ [Redacted]

Street Address/P.O. Box 12398 S-222nd Ave

City Buckeye State AZ Zip Code 85326

[Redacted]

[Redacted]

Phone _____ Email Address _____

Signature ☒ Dennis Vetter Date ☒ 5-25-20

If this release is obtained from a patient under the age of 19, then the signature of that patient's parent or legal guardian is also required.

Parent's Signature _____
Date _____

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I HEREBY AUTHORIZE FUSIONHEALTH, AND ITS AFFILIATES, SUCCESSOR AND ASSIGNS TO DISCLOSE AND TO USE HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW:

- The Persons and Organizations authorized to provide the information: FUSION HEALTH, LLC, AND ITS AFFILIATES, SUBCONTRACTORS, AND ASSIGNS.
- Person(s) or Organization(s) authorized to receive the information: FUSIONHEALTH, ANY FUSIONHEALTH SUBCONTRACTOR, ANY PHYSICIAN, OTHER LICENSED HEALTHCARE PERSONNEL, MEDICAL EQUIPMENT SUPPLIER OR SLEEP CENTER, MY EMPLOYER, WHETHER VIA EMPLOYMENT AGREEMENT OR INDEPENDENT CONTRACTOR AGREEMENT. *I have not seen or signed any policy about this sleep test*
- Specific description of the information that may be used or disclosed: ONLY INFORMATION RESPECTING ANY SLEEP DISEASE OR SLEEP DISORDER OF ANY NATURE OR CHARACTER, WHETHER PHYSICAL OR NEUROLOGICAL OR OTHERWISE, AND ANY HEALTH DISORDERS DIRECTLY OR INDIRECTLY RELATED TO SUCH SLEEP DISORDERS, INCLUDING WITHOUT LIMITATION THE RESULTS OF ANY SCREENING OR DIAGNOSTIC TESTING FOR SLEEP DISORDERS, THE DIAGNOSES OF ANY SLEEP DISORDERS, THE TYPES AND VARIETY OF SLEEP DISORDER TREATMENT THERAPIES, MODALITIES AND REGIMENS PRESCRIBED TO OR USED BY ME, THE MONITORING OF MY SLEEP DISORDERS THERAPY



HIPAA AUTHORIZATION TO RELEASE

AND REPORTS ON MY COMPLIANCE OR NON-COMPLIANCE WITH ANY SLEEP DISORDERS THERAPY PROTOCOL OR REGIMEN.

d) Specific description of how the information will be used: To coordinate my sleep disorder care among my personal my treating physician, treatment supplier and Employer by tracking the diagnosis, treatment, compliance with therapy and outcomes of my sleep disorders treatment leading to appropriate "fit-for-duty" physical fitness. I may inspect or copy any information used or disclosed under this agreement. I understand that if the person or organization that receives the information is not a healthcare provider or plan covered by federal privacy regulations, the information described above may be re-disclosed and would no longer be protected by the HIPAA privacy regulations.

Fit-for-duty" Filled out by Surgeon Jordan Glenn, D.O. on 5/4/2020

e) Consent to Photography, Videography and Audio Recording. I hereby consent to my photograph being taken for medical documentation and irrevocably authorize FusionHealth, its successors and assigns, and those acting with its permission and upon its authority to photograph, record audio or videotape any depiction or likeness of me or in which I may be included in whole or in part. I understand that collecting this information is necessary and integral part of my diagnostic procedure. Any such recording will be kept as part of my medical records, and will be released only pursuant to my consent or in accordance with other appropriate procedures for release of medical information.

I understand that this authorization will expire six (6) months following the final termination of my employment or contract with my Employer. I understand that I may revoke this authorization at any time by notifying my Employer and FusionHealth in writing. However, upon any revocation, I understand that FusionHealth may still be permitted to release certain information to my Employer, including future reports on my compliance and noncompliance with any sleep disorders therapy protocol or regimen, without further notice to me, under 45 C.F.R. § 164.508(b)(5)(i), in the event that FusionHealth has relied upon my prior authorization to do so.

I understand that FusionHealth has the right to condition service delivery to me on a valid, unrevoked HIPAA authorization, under 45 C.F.R. § 164.508(b)(4)(iii), in the event that my Employer engaged FusionHealth's services solely for that purpose. Thus, if I refuse to sign this authorization, I understand that FusionHealth has the right to refuse service delivery to me and, similarly, that FusionHealth may immediately cease providing me with services if I later revoke this authorization.

Signature ☒ Dennis Vetter Date ☒ 5-25-20

Print Name ☒ Dennis Vetter

YOU HAVE THE RIGHT TO RECEIVE A COPY OF THIS FORM

Exhibit # 11

6/7/2020

20597.jpeg

T-Mobile

3:18 PM

52%

AA

aim.fusionhealth.com



FusionHealth

Standard Sleep Report

Patient Information

Full Name	Dennis Weber	Date of Birth	Redacted
Patient ID	589380639	Height	61.0 in
Address	12998 S 222nd Ave	Weight	263.0 lbs
ZIP/Postal Code	85306	BAW	47.8
City	Buckeye	Age	54
Phone/Mobile	623-650-0942		

Recording Information

Recording Date	5/18/2020	Bed Time Starts	11:00 PM
Recording Time	10:40 PM	Bed Time Ends	5:00 AM
Recording Duration	1h 55m	Time in Bed	5h 46m (344.3m)

Respiration Overview

AHI 28.2 ODI 13.7 Snore Index 10.5%

Apnea-Hypopnea Index (AHI) is the number of apneas and hypopneas per hour of sleep. It is calculated by dividing the total number of apneas and hypopneas by the total sleep time in hours. The AHI is used to diagnose sleep apnea. AHI of 5 or more is considered moderate to severe sleep apnea. AHI of 15 or more is considered severe sleep apnea. AHI of 30 or more is considered very severe sleep apnea.

Respiratory Index		Total	Supine	Respiratory Count		Total	Supine
Apnea-Hypopnea Index	AHI	28.2	0.0%	Apneas		1	0
Apnea Index	AI	0.2	0.0%	Obstructive		1	0
Hypopnea Index	HI	28.1	0.0%	Mixed		0	0
Snore Index	SI	10.5	0.0%	Central		0	0
Flow Limitation Index	FLI	20.3	0.0%	Hypopneas		162	0
Longest Apnea		11s	-	Average Apneas		11s	-
Longest Hypopnea		63s	-	Average Hypopneas		25s	-
Saturation		Total	Supine	Pulse		Total	Supine
Desaturation Index	DI	53.7	0.0%	Average Pulse		61bpm	79bpm
Desaturation Count		79	0	Highest Pulse		107bpm	79bpm
Lowest SpO2		91.0%	93.0%	Lowest Pulse		51bpm	79bpm
Average SpO2		92.3%	93.0%	Pulse Rise < 40bpm		0.0%	0.0%
Baseline SpO2		95.0%	93.0%	Pulse Rise > 40bpm		0.0%	0.0%
Desaturation < 90%		3.5%	0.0%	Average Desat Drop		4.3%	-
Desaturation < 85%		0.9%	0.0%	Average Low Sat		90.4%	-
SpO2 time < 90%		1.3%	0.0%				
SpO2 time < 85%		0.2%	0.0%				
Position and Activity		Total	Supine	Other		Total	Supine
Supine Time		0.1%	0.0%	Chamber Quality		98.8%	
Non-Supine Time		34.6m	100.0%	Flow Quality		100.0%	
Upright Time		14.3m	4.0%	RIP Quality		100.0%	
Activity Time		28.3m	7.8%	Pericardial Index		7.7%	0.0%
Invalid Data Time		0.0%	0.0%	Est. Sleep Efficiency		96%	0.0%
				Respiration Rate		18.0	13.8

LAP000000 - Dennis Weber

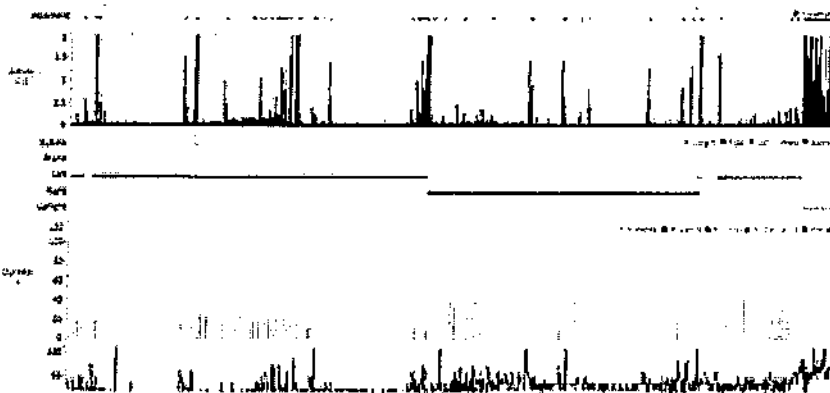
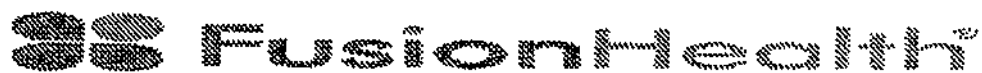


Exhibit # 12



Standard Sleep Report

Patient Information

Full Name Dennis Vetter

Patient ID MR080839

Address 12398 S 222nd Ave

ZIP/Postal Code 85326

City Buckeye

Phone/Mobile Redacted

Date of Birth Redacted

Height 71.0 in / 6'1.0" - changed

Weight 253.0 lbs - *50 ml*
BMI 35.3 / *47.8 - changed*
Age 54

Recording Information

Recording Date 5/18/2020 / *5/22/20 - wrong date*
Recording Time 10:40 PM
Recording Duration 13h 55m / *- wrong amount of hours*
Bed Time Starts 11:00 PM
Bed Time Ends 6:00 AM - *2*
Time in Bed 5h 46m (346.3m) / *6h 46m*

Respiration Overview

AHI 28.2 ODI 13.7 Snore Index 10.5%

AHI is the number of Apneas and Hypopneas per hour. 4% AHI is the number of Apneas and Hypopneas per hour based on 4% desaturation index of 5%. ODI is the number of oxygen desaturations per hour. Snore Index is the percentage of time spent snoring versus the total time spent in bed.

Respiratory Indices total supine

Apnea/Hypopnea Index 28.2 /h 0.0 /h / *24.07*

Apnea Index 0.2 /h 0.0 /h

Hypopnea Index 28.1 /h 0.0 /h

Snore Index 10.5 % 0.0 %

Flow Limitation Index 30.3 % 0.0 %

Longest Apnea 11 s -

Longest Hypopnea 61 s -

Respiratory Count total supine

Apneas 1 0

Obstructive 1 0

Mixed 0 0

Central 0 0

Hypopneas 162 0

Average Apnea 11 s -

Average Hypopnea 25 s -

Saturation total supine

Desaturation Index 13.7 /h 0.0 /h

Desaturation Count 79 0

Lowest SpO2 81.0 % 93.0 %

Average SpO2 92.9 % 93.0 %

Baseline SpO2 95.0 % 93.0 %

Desaturation < 90% 3.5 /h 0.0 /h

Desaturation < 85% 0.9 /h 0.0 /h

SpO2 time < 90% 1.8 % 0.0 %

SpO2 time < 85% 0.2 % 0.0 %

Pulse total supine

Average Pulse 65 bpm 79 bpm

Highest Pulse 102 bpm 79 bpm

Lowest Pulse 51 bpm 79 bpm

Pulse time < 40bpm 0.0 % 0.0 %

Pulse time > 100bpm 0.0 % 0.0 %

Average Desat Drop 4.3 % -

Average Low Desat 90.4 % -

Position and Activity

Supine Time 0.1 m 0.0 %

Non-Supine Time 346 m 100.0 %

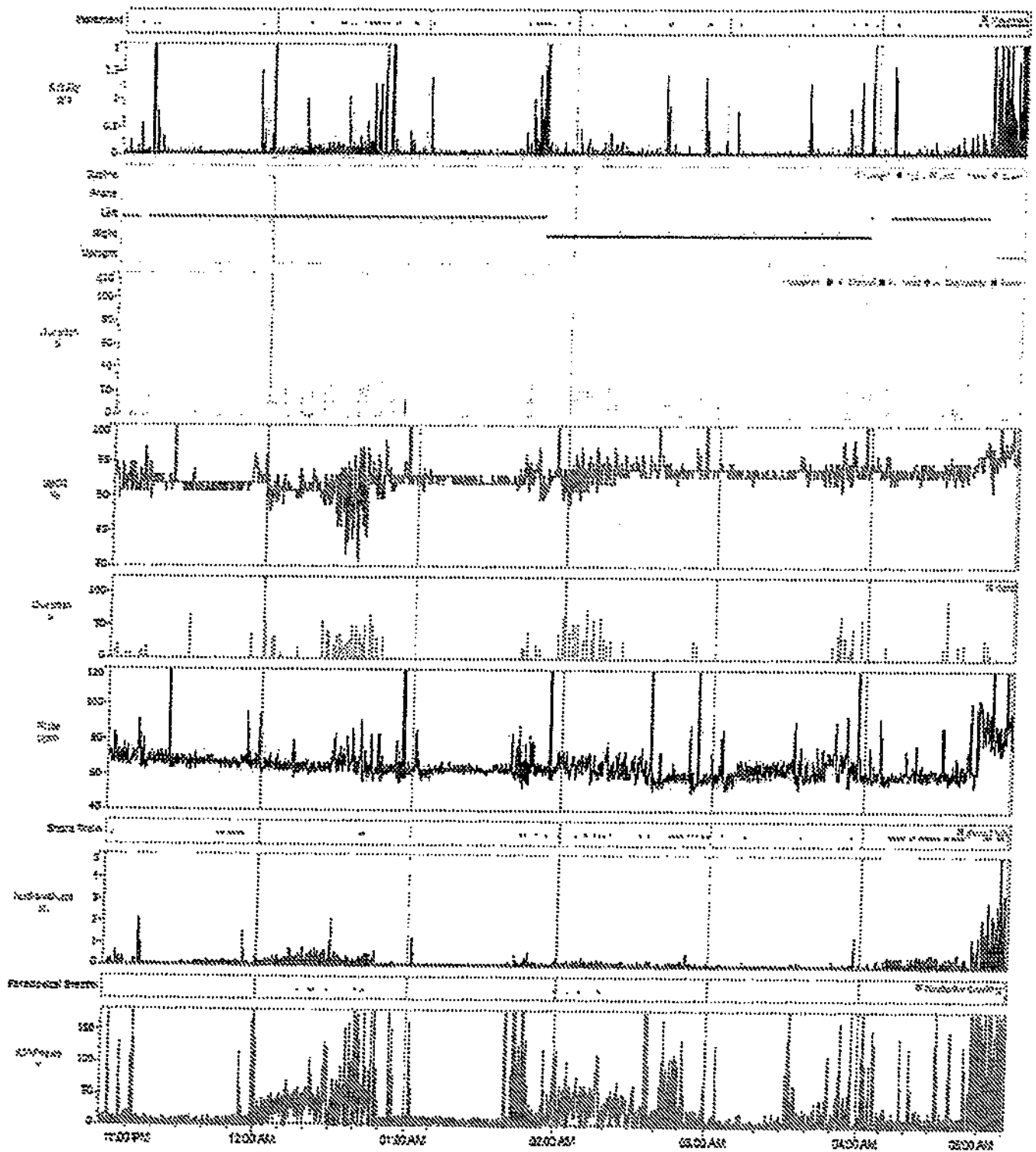
Upright Time 14.3 m 4.0 %

2020-06-15 14:41 CDT

+125683436E

Activity Time	28.3 m	7.8 %
Invalid Data Time	0.0 m	0.0 %
Other	total	supine
Oximeter Quality	99.9 %	
Flow Quality	100.0 %	
RIP Quality	100.0 %	
Paradoxical Index	2.7 %	0.0 %
Est. Sleep Efficiency	96 %	0.0 %
Respiration Rate	18.0	13.8

MR080839 - Dennis Vetter



MR080839 - Dennis Vetter

2020-06-15 14:41 CDT

+1256834366

Active												
Access												
Analysis												
Breath												
Chaper												
Onage												
Issue												
Signal												
Score												
	12:00 PM	12:00 AM	01:00 AM	02:00 AM	03:00 AM	04:00 AM	05:00 AM					

MR080839 - Dennis Vetter

**APNEA TEST INTERPRETATION REPORT**

PATIENT: Dennis Veller
GENDER: Male

MR# MR080839
ID: 00056842

DOB: Redacted
TEST DATE: 5/18/2020

CLINICAL HISTORY

The patient is a 54 year-old Male with a BMI of 35.3 and a history of obesity. He was tested for suspicion of Obstructive Sleep Apnea.

Medications: None Reported

Allergies: None Reported

DIAGNOSTIC PROTOCOL: TYPE II DEVICE APNEA TESTING

The test was performed during routine sleep time without an attending technologist. The following parameters were monitored: EEG (C3-O2), EOG, snoring, oxyhemoglobin saturation by pulse oximetry, thoracic and abdominal respiratory effort, nasal pressure/airflow, and three-dimensional body position.

Scoring rules utilized: The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology, and Technical Specifications, Version 2.5, Darien, IL: American Academy of Sleep Medicine, 2018.

INTERPRETATION

> The total testing time was 13:55 hours. In bed time was 6:00 hours. Snoring with flow limitation was primarily noted with the patient in the non-supine position. 1 obstructive apnea, 0 central apneas and 162 hypopneas produced an elevated AHI of 28.2 events per hour in total. Oxyhemoglobin desaturation reached a nadir of 81.0% and 1.8% of the total testing time was spent at an oxygen saturation below 90% on room air.

DIAGNOSIS

1. Obstructive Sleep Apnea

RECOMMENDATIONS

1. Due to the presence of Obstructive Sleep Apnea, PAP therapy is advised.

Interpreted by:

Heidi D. Riney, MD
Diplomate, ABP&N, Sleep Medicine

Date: May 28, 2020

EXHIBIT C

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222nd Ave.
City, State, Zip Code: Buckeye, AZ 85326
Telephone: 623-606-0847
Email Address: dlvetter1@gmail.com
Lawyer's Bar Number: _____

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Dennis Vetter

Name of Plaintiff

Case No.: CV 2022 010353

SUMMONS

And

Old Dominion Freight Line

Name of Defendant

If you would like legal advice from a lawyer,
Contact the Lawyer Referral Service at
802-257-4434
or
www.maricopalawyers.org

WARNING: This is an official document from the court that www.maricopalawyers.org Sponsored by the Maricopa County Bar Association. Read this carefully.
If you do not understand it, contact a lawyer for help.

FROM THE STATE OF ARIZONA TO: Old Dominion Freight Line
Name of Defendant

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this "Summons."
2. If you do not want a judgment or order taken against you without your input, you must file an "Answer" or a "Response" in writing with the court, and pay the filing fee. If you do not file an "Answer" or "Response" the other party may be given the relief requested in his/her Petition or Complaint. To file your "Answer" or "Response" take, or send, the "Answer" or "Response" to the:
 - Office of the Clerk of the Superior Court, 201 West Jefferson Street, Phoenix, Arizona 85003-2205 OR
 - Office of the Clerk of the Superior Court, 18380 North 40th Street, Phoenix, Arizona 85032 OR
 - Office of the Clerk of Superior Court, 222 East Javelina Avenue, Mesa, Arizona 85210-6201 OR
 - Office of the Clerk of Superior Court, 14264 West Tierra Buena Lane, Surprise, Arizona, 85374.Mail a copy of your "Response" or "Answer" to the other party at the address listed on the top of this Summons.

Case Number: _____

3. If this *"Summons"* and the other court papers were served on you by a registered process server or the Sheriff, within the State of Arizona, your *"Response"* or *"Answer"* must be filed within TWENTY (20) CALENDAR DAYS from the date you were served, not counting the day you were served. If this *"Summons"* and the other papers were served on you by a registered process server or the Sheriff outside the State of Arizona, your Response must be filed within THIRTY (30) CALENDAR DAYS from the date you were served, not counting the day you were served. Service by a registered process server or the Sheriff is complete when made. Service by Publication is complete thirty (30) days after the date of the first publication.
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 - 601 West Jackson, Phoenix, Arizona 85003
 - 18380 North 40th Street, Phoenix, Arizona 85032
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 - 14264 West Tierra Buena Lane, Surprise, Arizona 85374.
5. Requests for reasonable accommodation for persons with disabilities must be made to the division assigned to the case by the party needing accommodation or his/her counsel at least three (3) judicial days in advance of a scheduled proceeding.
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7. Eviction Actions/Forcible Detainers: If you want to request a telephonic hearing, please contact the judge assigned to your case. If you do not know your assigned judge, or have not been assigned a judge, please contact Civil Court Administration at 602-506-1497.

SIGNED AND SEALED this date

COPY

CLERK OF SUPERIOR COURT
AUG 10 2022



CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

By _____
Deputy Clerk

EXHIBIT D

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222 Ave.
City, State, Zip Code: Buckeye, AZ 85326
Telephone: 623-606-0847
Email Address: dlvetter1@gmail.com
Lawyer's Bar Number: _____

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Dennis Vetter
Name of Plaintiff

Case No.: CV 2 122 010353

And

Concentra
Name of Defendant

SUMMONS

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802-257-4434
or

www.maricopalawyers.org
Sponsored by the
Maricopa County Bar Association

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If you do not understand it, contact a lawyer for help.

FROM THE STATE OF ARIZONA TO: Concentra

Name of Defendant

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Case Number: _____

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SIGNED AND SEALED this date

CLERK OF SUPERIOR COURT

COPY

AUG 10 2022

By _____
Deputy Clerk



CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

EXHIBIT E

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222nd Ave.
City, State, Zip Code: Buckeye, AZ 85326
Telephone: 623-606-0847
Email Address: dlvetter1@gmail.com
Lawyer's Bar Number: _____

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

CV 2022 010353

Dennis Vetter
Name of Plaintiff

Case No.: _____

And

Sleep Charge
Name of Defendant

SUMMONS

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602-257-4434

or

www.maricopalawyers.org

Sponsored by the

Maricopa County Bar Association

**WARNING: This is an official document from the court that affects your rights. Read this carefully.
If you do not understand it, contact a lawyer for help.**

FROM THE STATE OF ARIZONA TO: Sleep Charge

Name of Defendant

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SIGNED AND SEALED this date

CLERK OF SUPERIOR COURT

AUG 10 2022

By _____
Deputy Clerk



CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

EXHIBIT F

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222 AVG
City, State, Zip Code: Buckeye AZ 85326
Telephone: 623 606 0847
Email Address: d1vetter1@gmail.com
Lawyer's Bar Number: _____
Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant



COPY

AUG 10 2022

CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Dennis Vetter
PLAINTIFF,

VS.

Case Number: CV 2022-010353

**CERTIFICATE OF COMPULSORY
ARBITRATION**

Old Dominion Freight Line
DEFENDANT.

*Notice to Defendant: If you agree with the Plaintiff's Certificate of Compulsory Arbitration, you DO NOT need to file this form.

- The undersigned certifies that this case is (Please check ONLY one option below):
- ☐ Subject to Arbitration – The amount of money in controversy DOES NOT exceed \$50,000, AND no other affirmative relief is sought.
- ☒ Not Subject to Arbitration – The amount of money in controversy DOES exceed \$50,000, OR other affirmative relief is sought.

*Defendant – If you DISAGREE with the Plaintiff's Certificate of Compulsory Arbitration, please explain why you disagree below:

SUBMITTED this 10 day of August, 20 22.

SIGNATURE Dennis Vetter

EXHIBIT G

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222 Ave
City, State, Zip Code: Buckeye AZ 85326
Telephone: 623 606 0847
Email Address: d1vetter1@gmail.com
Lawyer's Bar Number: _____
Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant



COPY

AUG 10 2022

FOR CLERK'S USE ONLY
CLERK OF THE SUPERIOR COURT
J. BERNAL
DEPUTY CLERK

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Dennis Vetter
PLAINTIFF,

vs.

Concentra
DEFENDANT.

CV 2022-010353

Case Number: _____

**CERTIFICATE OF COMPULSORY
ARBITRATION**

*Notice to Defendant: If you agree with the Plaintiff's Certificate of Compulsory Arbitration, you **DO NOT** need to file this form.

- The undersigned certifies that this case is (Please check **ONLY** one option below):
- ☐ **Subject to Arbitration** – The amount of money in controversy **DOES NOT** exceed \$50,000, **AND** no other affirmative relief is sought.
- ☒ **Not Subject to Arbitration** – The amount of money in controversy **DOES** exceed \$50,000, **OR** other affirmative relief is sought.

*Defendant – If you **DISAGREE** with the Plaintiff's Certificate of Compulsory Arbitration, please explain why you disagree below:

SUBMITTED this 10 day of August, 2022.

SIGNATURE

Dennis Vetter

EXHIBIT H

Person Filing: Dennis Vetter
Address (if not protected): 12398 S 222 Ave
City, State, Zip Code: Buckeye AZ 85326
Telephone: 623 606 0847
Email Address: dvetter1@gmail.com
Lawyer's Bar Number: _____
Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant



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AUG 10 2022
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J. BERNAL
DEPUTY CLERK
CLERK OF THE SUPERIOR COURT

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Dennis Vetter
PLAINTIFF,

vs.

Sleep Charge

DEFENDANT.

Case Number: CV 2022-010353

**CERTIFICATE OF COMPULSORY
ARBITRATION**

*Notice to Defendant: If you agree with the Plaintiff's Certificate of Compulsory Arbitration, you DO NOT need to file this form.

- The undersigned certifies that this case is (Please check ONLY one option below):
- ☐ Subject to Arbitration – The amount of money in controversy DOES NOT exceed \$50,000, AND no other affirmative relief is sought.
- ☒ Not Subject to Arbitration – The amount of money in controversy DOES exceed \$50,000, OR other affirmative relief is sought.

*Defendant – If you DISAGREE with the Plaintiff's Certificate of Compulsory Arbitration, please explain why you disagree below:

SUBMITTED this 10 day of August, 2022.

SIGNATURE Dennis Vetter

EXHIBIT I

Person Filing: Dennis Vetter

Address (if not protected): 12398 S 222nd Ave

City, State, Zip Code: Buckeye, AZ 85326

Telephone: 623-606-0847

Email Address: dlvetter1@gmail.com

Lawyer's Bar Number: _____

COPY

AUG 10 2022



CLERK OF THE SUPERIOR COURT
J. BLANK
DEPUTY CLERK

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

CV 2022 010353

Dennis Vetter

Name of Plaintiff

Case Number: _____

Title: **PLAINTIFF'S DEMAND for
JURY TRIAL**

Old Dominion Freight Line, Concentra, Sleep Charge

Name of Defendant

Plaintiff, Dennis Vetter, demands a trial by jury in this case. If this
(Name of Plaintiff)

case is sent to compulsory arbitration, Plaintiff demands a trial by jury if there is an appeal
from that compulsory arbitration.

Dated this

8-10-22
(Date of signature)

Dennis Vetter

(Signature of Plaintiff or Plaintiff's Attorney)

EXHIBIT J

In the Superior Court of the State of Arizona

In and for the County of MaricopaCase Number CV2022-010353**CIVIL COVER SHEET- NEW FILING ONLY**
(Please Type or Print)

Plaintiff's Attorney _____

Attorney Bar Number _____

Is Interpreter Needed? ☐ Yes ☒ NoIf yes, what language(s):

2022 AUG 10 PM 12:09

CLERK OF THE
SUPERIOR COURT
FILED
J. BERNAL, CLERKPlaintiff's Name(s): (List all) Plaintiff's Address: Phone #: Email Address:
Dennis Vetter 12398 S. 222nd Avenue Buckeye, AZ (623-606-0847) <dlvetter1@gmail.com>

(List additional Plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All)

Old Dominion Freight Line 135 S. 79th Ave. Tolleson, AZ 85353

Concentra

Sleep Charge

(List additional Defendants on page two and/or attach a separate sheet)

RULE 26.2 DISCOVERY TIER OR MONETARY RELIEF CLAIMED:**IMPORTANT:** Any case category that has an asterisk (*) **MUST** have a dollar amount claimed or Tier selected. State the monetary amount in controversy or place an "X" next to the discovery tier to which the pleadings allege the case would belong under Rule 26.2.☐ Amount Claimed \$ _____ ☐ Tier 1 ☐ Tier 2 ☒ Tier 3**NATURE OF ACTION**Place an "X" next to the one case category that most accurately describes your primary case. Any case category that has an asterisk (*) **MUST** have a dollar amount claimed or Tier selected as indicated above.**100 TORT MOTOR VEHICLE:**☐ 101 Non-Death/Personal Injury*☐ 102 Property Damage*☐ 103 Wrongful Death***110 TORT NON-MOTOR VEHICLE:**☒ 111 Negligence*☐ 112 Product Liability – Asbestos*☐ 112 Product Liability – Tobacco*☐ 112 Product Liability – Toxic/Other*☐ 113 Intentional Tort*

Case No: _____

- ☐ 114 Property Damage*
☐ 115 Legal Malpractice*
☐ 115 Malpractice – Other professional*
☐ 117 Premises Liability*
☐ 118 Slander/Libel/Defamation*
☐ 119 Recovery of Damages under A.R.S. §12-514* (Please provide Plaintiff DOB
 ____/____/____)
☐ 116 Other (Specify) _____*

120 MEDICAL MALPRACTICE:

- ☐ 121 Physician M.D.* ☐ 123 Hospital*
☐ 122 Physician D.O.* ☐ 124 Other*

130 & 197 CONTRACTS:

- ☐ 131 Account (Open or Stated)*
☐ 132 Promissory Note*
☐ 133 Foreclosure*
☐ 138 Buyer-Plaintiff*
☐ 139 Fraud*
☐ 134 Other Contract (e.g., Breach of Contract)*
☐ 135 Excess Proceeds-Sale*
☐ Construction Defects
 (Residential/Commercial)*
☐ 136 Six to Nineteen Structures*
☐ 137 Twenty or More Structures*
☐ 197 Credit Card Debt (Maricopa County Filings Only)*

145 & 150-199 OTHER CIVIL CASE TYPES:

- ☐ 156 Eminent Domain/Condemnation*
☐ 151 Eviction Actions (Forcible and Special Detainers)*
☐ 152 Change of Name
☐ 153 Transcript of Judgment
☐ 154 Foreign Judgment

- ☐ 158 Quiet Title*
☐ 160 Forfeiture*
☐ 175 Election Challenge
☐ 179 NCC-Employer Sanction Action (A.R.S. §23-212)*
☐ 180 Injunction against Workplace Harassment
☐ 181 Injunction against Harassment
☐ 182 Civil Penalty
☐ 186 Water Rights (Not General Stream Adjudication)*
☐ 187 Real Property *
☐ 145 Special Action
☐ 194 Immigration Enforcement Challenge (A.R.S. §§1-501, 1-502, 11-1051)
☐ 199 Expungement

144 & 150-199 UNCLASSIFIED CIVIL:

- ☐ Administrative Review
 (See Lower Court Appeals cover sheet in Maricopa)
☐ 150 Tax Appeal
 (All other tax matters must be filed in the AZ Tax Court)
☐ 155 Declaratory Judgment
☐ 157 Habeas Corpus
☐ 184 Landlord Tenant Dispute – Other*
☐ 190 Declaration of Factual Innocence (A.R.S. §12-771)
☐ 191 Declaration of Factual Improper Party Status
☐ 193 Vulnerable Adult (A.R.S. §46-451)*
☐ 165 Tribal Judgment
☐ 167 Structured Settlement (A.R.S. §12-2901)
☐ 169 Attorney Conservatorships (State Bar)
☐ 170 Unauthorized Practice of Law (State Bar)
☐ 171 Out-of-State Deposition for Foreign Jurisdiction
☐ 172 Secure Attendance of Prisoner
☐ 173 Assurance of Discontinuance

Case No: _____

- | | |
|--|--|
| <input type="checkbox"/> 174 In-State Deposition for Foreign Jurisdiction | <input type="checkbox"/> 195(a) Amendment of Marriage License (Maricopa County Filings Only) |
| <input type="checkbox"/> 176 Eminent Domain– Light Rail Only* | <input type="checkbox"/> 195(b) Amendment of Birth Certificate |
| <input type="checkbox"/> 177 Interpleader– Automobile Only* | <input type="checkbox"/> 200 Application/Motion Objecting to Foreign Subpoena |
| <input type="checkbox"/> 178 Delayed Birth Certificate (A.R.S. §36-333.03) | <input type="checkbox"/> 163 Other* _____ |
| <input type="checkbox"/> 183 Employment Dispute – Discrimination* | (Specify) |
| <input type="checkbox"/> 185 Employment Dispute – Other* | |
| <input type="checkbox"/> 198 Verified Rule 27(a) Petition* | |
| <input type="checkbox"/> 196 Verified Rule 45.2 Petition | |

EMERGENCY ORDER SOUGHT

- | | | | |
|--|--|------------------------------|---|
| <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> Provisional Remedy | <input type="checkbox"/> OSC | <input type="checkbox"/> Election Challenge |
| <input type="checkbox"/> Employer Sanction | <input type="checkbox"/> Other (Specify) _____ | | |

COMMERCIAL COURT (Maricopa County Only)

- ☐ This case is eligible for the Commercial Court under Rule 8.1, and Plaintiff requests assignment of this case to the Commercial Court. More information on the Commercial Court, including the most recent forms, are available on the Court's website at:
<https://www.superiorcourt.maricopa.gov/commercial-court/>.

Additional Plaintiff(s):

Additional Defendant(s):

EXHIBIT K

Office Distribution

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

****FILED****

10/19/2022

by Superior Court Admin
on behalf of Clerk of the
Superior Court

10/15/2022

COURT ADMINISTRATION

Ct. Admin
Deputy

Case Number: CV2022-010353

Dennis Vetter

V.

Old Dominion Freight Line

The Judge assigned to this action is the Honorable Joan Sinclair

NOTICE OF INTENT TO DISMISS FOR LACK OF SERVICE

You are hereby notified that the complaint filed on 08/10/2022 is subject to dismissal pursuant to Rule 4 (i) of the Arizona Rules of Civil Procedure. The deadline for completing service is 11/08/2022. If the time for completing service has not been extended by the court and no defendants have been served by this date, the case will be dismissed without prejudice.

All documents required to be filed with the court should be electronically filed through Arizona Turbo Court at www.azturbocourt.gov.

Superior Court of Maricopa County - integrated Court Information System

Endorsee Party Listing

Case Number: CV2022-010353

Party Name	Attorney Name
Dennis Vetter	Pro Per

EXHIBIT L

Person Filing: Dennis VetterAddress (if not protected): 12398 S 222nd Ave.City, State, Zip Code: Buckeye, AZ 85326Telephone: 623-606-0847Email Address: dlvetter1@gmail.com

Lawyer's Bar Number: _____

CLERK OF THE SUPERIOR COURT

FILED

NOV 07 2022

G. Raines, Deputy

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**Dennis Vetter

Name of Petitioner/Plaintiff

Case

Number: CV2022-010353Sleep Charge

Name of Respondent/Defendant

**AFFIDAVIT of SERVICE by
CERTIFIED MAIL**

A.R.C.P. Rule 4.2(c)

(Non Family court cases only)

STATE OF ARIZONA)

County of Maricopa)ss.

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the court papers on the other party by certified mail, postage prepaid, return receipt requested, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).

Person served (name of other party): Sleep ChargeAddress where other party was served: 5000 Research CT STE 500, Suwanee, GA 30024Date of receipt by the other party: 10/24/2022Date of return of receipt to sender: 10/24/2022

2. I know that the other party is located outside the State of Arizona. The following documents were sent to the other party by certified mail: (List all of the documents sent to the other party):
Civil Complaint, Plaintiff's Demand for Jury Trial, Certificate of Compulsory Arbitration, and Summons

These court papers were received by the other party as shown by the receipt, a copy of which is attached to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c).

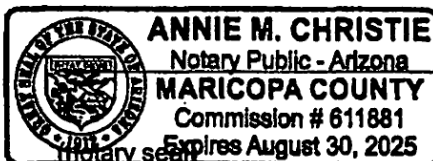
Dennis Vetter
Sender's Signature

11-6-2022
Date

Dennis Vetter
Printed Name of Person Who Signed

STATE OF ARIZONACOUNTY OF MARICOPA

Subscribed and sworn to or affirmed before me this: 6th day of November 2022 by
(date)



Dennis Vetter

Annie M. Christie
Deputy Clerk or Notary Public

7022 0410 0002 0201 4168

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Summers, GA 30024

OFFICIAL USE

Certified Mail Fee	\$4.00
Extra Services & Fees (check box, add fee if applicable)	\$2.25
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$3.84
Total Postage and Fees	\$11.09

Sent To: *Steph Charge*

Street and Apt. No. or PO Box No.: *1000 Research Ct Ste 500*

City, State, ZIP+4[®]: *Summerville, GA 30024*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

GOODYEAR, GA 3039
 OCT 22 2022
 USPS #5338-9996

Product Tracking & Reporting[Home](#)[Search](#)[Reports](#)[Manual Entry](#)[Filter
Consignments](#)[PIR / POB](#)[USPS Corporate
Accounts](#)

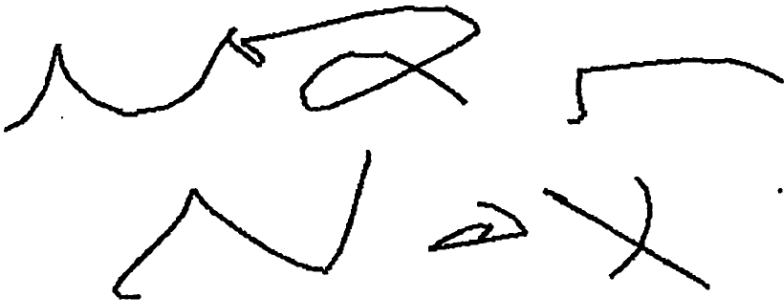
November 03, 2022

USPS Tracking Intranet**Delivery Signature and Address**

Tracking Number: 7022 0410 0002 0201 4168

This item was delivered on 10/24/2022 at 14:41:00

[Return to Tracking Number View](#)

Signature	
Address	5000 RESEARCH CT STE 500 SUWANEE, GA 30024

Enter up to 35 items separated by commas.

Select Search Type:

Quick Search

Product Tracking & Reporting, All Rights Reserved

Version: 23.1.1.0.72



AVONDALE GOODYEAR
875 S ESTRELLA PKWY
GOODYEAR, AZ 85338-9998
(800)275-8777

10/22/2022 10:46 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Mailer 10.5 x 16	3	\$1.69	\$5.07
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First-Class Mail®	1		\$3.84
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Large Envelope

Thomasville, NC 27360

Weight: 0 lb 11.20 oz

Estimated Delivery Date

Thu 10/27/2022

Certified Mail®

\$4.00

Tracking #:

70220410000202014137

Return Receipt

\$3.25

Tracking #:

9590 9402 6861 1104 1352 19

Total \$11.09

First-Class Mail®	1		\$3.84
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Large Envelope

Addison, TX 75001

Weight: 0 lb 11.20 oz

Estimated Delivery Date

Wed 10/26/2022

Certified Mail®

\$4.00

Tracking #:

70220410000202014151

Return Receipt

\$3.25

Tracking #:

9590 9402 6861 1104 1351 89

Total \$11.09

First-Class Mail®	1		\$3.84
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Large Envelope

Suwanee, GA 30024

Weight: 0 lb 11.30 oz

Estimated Delivery Date

Thu 10/27/2022

Certified Mail®

\$4.00

Tracking #:

70220410000202014168

Return Receipt

\$3.25

Tracking #:

9590 9402 6861 1104 1351 72

Total \$11.09

Grand Total: \$38.34

Debit Card Remit \$38.34

Card Name: VISA

Account #: XXXXXXXXXXXXX3830

Approval #: 114250

Transaction #: 760

Receipt #: 078671

Debit Card Purchase: \$38.34

AID: A0000000980840

Chip

AL: US DEBIT

PIN: Verified

EXHIBIT M

Person Filing: Dennis VetterAddress (if not protected): 12398 S 222nd Ave.City, State, Zip Code: Buckeye, AZ 85326Telephone: 623-606-0847Email Address: dlvetter1@gmail.com

Lawyer's Bar Number: _____

CLERK OF THE SUPERIOR COURT

FILED

NOV 07 2022

G. Raines, Deputy

FOR CLERK'S USE ONLY

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**Dennis Vetter

Name of Petitioner/Plaintiff

Case

Number: CV2022-010353Old Dominion Freight Line

Name of Respondent/Defendant

**AFFIDAVIT of SERVICE by
CERTIFIED MAIL**

A.R.C.P. Rule 4.2(c)

(Non Family court cases only)

STATE OF ARIZONA)

County of Maricopa)ss.

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the court papers on the other party by certified mail, postage prepaid, return receipt requested, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).

Person served (name of other party): Old Dominion Freight LineAddress where other party was served: 500 Old Dominion Way, Thomasville, NC 27360Date of receipt by the other party: 10/24/2022Date of return of receipt to sender: 10/24/2022

2. I know that the other party is located outside the State of Arizona. The following documents were sent to the other party by certified mail: (List all of the documents sent to the other party):
Civil Complaint, Plaintiff's Demand for Jury Trial, Certificate of Compulsory Arbitration, and Summons

These court papers were received by the other party as shown by the receipt, a copy of which is attached to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c).

Dennis Vetter

Sender's Signature

Date

11-6-2022Dennis Vetter

Printed Name of Person Who Signed

STATE OF ARIZONACOUNTY OF MARICOPASubscribed and sworn to or affirmed before me this: 6th day of November 2022 by
(date)

Dennis Vetter
ANNIE M. CHRISTIE
Notary Public - Arizona
MARICOPA COUNTY
Commission # 611881
Expires August 30, 2025

(notary)

Annie M. Christie

Deputy Clerk or Notary Public

7022 0410 0002 0201 4137

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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$7.00
	\$3.25
Extra Services & Fees (check box, add fee as indicated)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$3.34
Total Postage and Fees	\$6.59

10/22/2022

Sent to
Old Dominion Freight Line
 Street and Apt. No., or PO Box No.
500 Old Dominion Way
 City, State, ZIP+4®
Thomasville, NC 27360

PS Form 3800, April 2015 PSN 753002-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Old Dominion Freight Line 500 Old Dominion way Thomasville, NC 27360</p>  <p>9590 9402 6861 1104 1352 19</p> <p>7022 0410 0002 0201 4137</p>		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	




USPS TRACKING#			<div>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</div>
	GREENSBORO NC 270 04 OCT 2022 PM 4 L		
9590 9402 6861 1104 1352 19			
United States Postal Service	<div>*Sender: Please print your name, address, and ZIP+4® in this box*</div> <div>Dennis Vetter 12398 S 222 Ave Buckeye AZ 85326</div>		
			

EXHIBIT N

Person Filing: Dennis VetterAddress (if not protected): 12398 S 222nd Ave.City, State, Zip Code: Buckeye, AZ 85326Telephone: 623-606-0847Email Address: dvetter1@gmail.com

Lawyer's Bar Number: _____

CLERK OF THE SUPERIOR COURT

FILED

NOV 07 2022

G. Raines, Deputy

FOR CLERK'S USE ONLY

Representing ☒ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**Dennis Vetter

Name of Petitioner/Plaintiff

Case

Number: CV2022-010353**AFFIDAVIT of SERVICE by
CERTIFIED MAIL**Concentra

Name of Respondent/Defendant

A.R.C.P. Rule 4.2(c)

(Non Family court cases only)

STATE OF ARIZONA)
County of Maricopa)ss.

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the court papers on the other party by certified mail, postage prepaid, return receipt requested, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).

Person served (name of other party): ConcentraAddress where other party was served: 5080 Spectrum, Dr. #1200 West, Addison, TX 75001Date of receipt by the other party: 10/24/2022Date of return of receipt to sender: 10/24/2022

2. I know that the other party is located outside the State of Arizona. The following documents were sent to the other party by certified mail: (List all of the documents sent to the other party):
Civil Complaint, Plaintiff's Demand for Jury Trial, Certificate of Compulsory Arbitration, and Summons

These court papers were received by the other party as shown by the receipt, a copy of which is attached to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c).

Dennis Vetter

Sender's Signature

Date

11-6-2022Dennis Vetter

Printed Name of Person Who Signed

STATE OF ARIZONACOUNTY OF MARICOPASubscribed and sworn to or affirmed before me this: 6th day of November 2022 by

(date)



ANNIE M. CHRISTIE
Notary Public - Arizona
MARICOPA COUNTY
Commission # 611881
Expires August 30, 2025

Dennis Vetter

Annie M Christie
Deputy Clerk or Notary Public

7022 0410 0002 0201 4151

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Add-on Fee TX 75001	
OFFICIAL USE	
Certified Mail Fee	\$4.00
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$3.84
Total Postage and Fees	\$11.09
Sent to Santora 5000 Spectrum Dr. #1200 West Addison, TX 75001	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

GOODYE
Postmark
10/22/2022

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Concentra</i> <i>5080 Spectrum Dr</i> <i># 1200 West</i> <i>Addison, TX 75001</i></p>		<p>B. Received by (Printed Name) <i>Paul A Lopez</i> C. Date of Delivery <i>10-24-22</i></p>	
<p>9590 9402 6861 1104 1351 89</p> <p>7022 0410 0002 0201 4151</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insurance Mail Restricted Delivery (over \$500)</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	



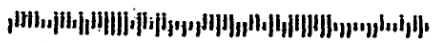
USPS TRACKING#			<div>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</div>
			
9590 9402 6861 1104 1351 89			
United States Postal Service	* Sender: Please print your name, address, and ZIP+4® in this box*		
	<div>Dennis Vetter 12390 S 222 Ave Buckeye, AZ 85326</div>		
			

EXHIBIT O

1 J. Greg Coulter (State Bar No. 016890)
2 Jacqueline F. Langland (State Bar No. 035422)
3 **JACKSON LEWIS P.C.**
4 2111 East Highland Avenue, Suite B-250
5 Phoenix, AZ 85016
6 Telephone: (602) 714-7044
7 Facsimile: (602) 714-7045
8 Greg.Coulter@jacksonlewis.com
9 Jacqueline.Langland@jacksonlewis.com
10 *Attorneys for Defendant Old Dominion Freight Line, Inc.*

ARIZONA SUPERIOR COURT
MARICOPA COUNTY

11 Dennis Vetter,

12 Plaintiff,

13 Vs.

14 Old Dominion Freight Line, Concentra
15 and Sleep Charge,

16 Defendants.

Case No.: CV2022-010353

**DEFENDANT OLD DOMINION
FREIGHT LINE, INC's
NOTICE OF FILING
NOTICE OF REMOVAL**

17 **TO: CLERK OF COURT, SUPERIOR COURT OF THE STATE OF ARIZONA,**
18 **COUNTY OF MARICOPA:**

19 PLEASE TAKE NOTICE that, pursuant to 28 U.S.C. §§ 1332, 1441, and 1446,
20 Defendant Old Dominion Freight Line, Inc. has removed this action from this Court to
21 the United States District Court for the District of Arizona. A true and correct copy of
22 the Notice of Removal filed with the District Court, without attachments, is attached as
23 **Exhibit 1.**

24 As provided in 28 U.S.C. § 1446(d), this Notice effects the removal of this
25 action, and this Court “shall proceed no further unless and until this case is remanded.”

26
27 Dated: November 23, 2022.
28

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JACKSON LEWIS P.C.

By: /s/ J. Greg Coulter
J. Greg Coulter
Attorney for Defendant
Old Dominion Freight Line, Inc.

CERTIFICATE OF SERVICE

I hereby certify that on November 23, 2022, the foregoing was e-filed, and copy was e-served through TurboCourt to:

Dennis Vetter
12398 S. 222nd Avenue
Buckeye, AZ 85326
dlvetter1@gmail.com
Pro se Plaintiff

I hereby certify that on November 23, 2022, the foregoing was mailed by U.S. First Class mail to the following:

Sleep Charge
5000 Research Ct
Suite 500
Suwanee, GA 30024

Concentra
5080 Spectrum Dr.
#1200
West Addison, Texas 75001

By: /s/ Erica A. Randall

4880-8406-1499, v. 1

EXHIBIT P

1 J. Greg Coulter (State Bar No. 016890)
2 Jacqueline F. Langland (State Bar No. 035422)
3 **JACKSON LEWIS P.C.**
4 2111 East Highland Avenue, Suite B-250
5 Phoenix, AZ 85016
6 Telephone: (602) 714-7044
7 Facsimile: (602) 714-7045
8 Greg.Coulter@jacksonlewis.com
9 Jacqueline.Langland@jacksonlewis.com
10 *Attorneys for Defendant Old Dominion Freight Line, Inc.*

11
12
13 **UNITED STATES DISTRICT COURT**
14 **DISTRICT OF ARIZONA**

15 Dennis Vetter,

16 Plaintiff,

17 vs.

18 Old Dominion Freight Line, Concentra
19 and Sleep Charge,

20 Defendants.

Case No.

**DECLARATION OF LAURA
WILLIAMS**

21 1. I am over twenty-one (21) years of age and competent to testify to the
22 matters contained herein. This Declaration is based upon my own personal knowledge.


23 2. This declaration is being submitted in support of Defendant Old Dominion
24 Freight Line, Inc.'s ("Defendant") Removal.

25 3. I am currently employed as the Director of HRIS for Defendant.

26 4. By virtue of my position, I am familiar with Defendant's corporate
27 structure and operations. Defendant is a Virginia corporation that maintains its principal
28 place of business in Thomasville, North Carolina.

AS PROVIDED FOR BY 28 U.S.C. §1746, I DECLARE UNDER PENALTY OF
PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

1 EXECUTED ON November 16, 2022.

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4 Laura Williams

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6 4858-3334-3294, v. 1
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EXHIBIT Q



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	Nox Medical, LLC	Control Number:	19008622
Business Type:	Domestic Limited Liability Company	Business Status:	Active/Compliance
NAICS Code:	Wholesale Trade	NAICS Sub Code:	Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers
Principal Office Address:	5000 Research Court, Suite 500, Suwanee, GA, 30024, USA	Date of Formation / Registration Date:	1/22/2019
State of Formation:	Georgia	Last Annual Registration Year:	2022

REGISTERED AGENT INFORMATION

Registered Agent Name: **Capitol Corporate Services, Inc.**
Physical Address: **3675 Crestwood Parkway NW, Suite 350, Duluth, GA, 30096, USA**
County: **Gwinnett**

[Back](#)

[Filing History](#)

[Name History](#)

[Return to Business Search](#)



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Individuals

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Employers & Health Care Providers

Learn more about the SleepCharge program by Nox Health.

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[Individuals](#) ▼

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Contact

SleepCharge

5000 Research Court
Suite 500
Suwanee, GA 30024
United States



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EXHIBIT R



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SECRETARY OF STATE

STATE OF ARIZONA



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(<https://twitter.com/SecretaryHobbs>)



(<https://www.facebook.com/SecretaryHobbs>)



(<https://www.instagram.com/azsecretaryhobbs/>)

(<https://az.gov/>)



Entity Search

Back

File ID:

9160588

Name:

Concentra Urgent Care

Business Address:

5080 Spectrum Dr
1200 W Tower
Addison, Texas
75001

Mailing Address:

4714 GETTYSBURG RD
Mechanicsburg, Pennsylvania
17055

Phone:

717-972-1100

Nature of Business:

Healthcare Urgent Care Services

Date of First Use:

September 10, 2009

Date Registered:

June 12, 2020

Expiration Date:

June 12, 2025

Applicants:

Concentra Health Services, Inc.

Nevada Corporation

Registration Information:

Registration June 12, 2020 Expires: June 12, 2025
Received:

Correspondence History:

Trade Name Application: Filed: June 12, 2020

Back

v0.2022.1019.8751 b3

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Business UCC Trademark CROP

Home Search Forms Help

Business Search

As of 11/11/2022 we have processed all business filings received in our office through 10/18/2022.

Business Search Info:

concentra urgent care

Advanced

Results: 3

Filing Information	Initial Filing Date	Status	Entity Type	Formed In	Address
Concentra Urgent Care (3758844)	09/27/2007	Active	Fictitious Name	PENNSYLVANIA	5080 SPECTRUM DRIVE SUITE 1200 WEST TOWER, ADDISON, TX 75001
Concentra Urgent Care (3902570)	08/28/2009	Active	Fictitious Name	PENNSYLVANIA	5080 SPECTRUM DRIVE SUITE 1200 WEST TOWER, ADDISON, TX 75001
Concentra Urgent Care (3928846)	01/15/2010	Active	Fictitious Name	PENNSYLVANIA	5080 SPECTRUM DRIVE SUITE 1200 WEST TOWER, ADDISON, TX 75001

Request Certificate

Initial Filing Date: 01/15/2010

Status: Active

Formed In: PENNSYLVANIA

Fictitious Name

Principal Address: 5080 Spectra Drive
Suite 1200 West Tower
Addison, TX 75001

Interested Entities

Owner: CONCENTRA OCCUPATIONAL HEALTHCARE HARRISBURG, L.P.
% Ct Corporation System
PA

Owner: CONCENTRA-UPMC, L.L.C.
% Ct Corporation System
PA

View History Request Access

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 LOCATIONS

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Concentra is opening two new medical centers this fall in Bethlehem and Allentown, Pennsylvania and one new center in Green Bay, Wisconsin!

Dismiss


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Southwest - 51st and Buckeye - Urgent Care

● CURRENTLY
OPEN

[Services](#)
[Specialists](#)

About the Clinic

Our Phoenix center offers a fresh and bright design, with a welcoming interior to create a comfortable and pleasing patient experience. The spacious center has several patient exam rooms, a large physical therapy area, and a modern design to support an efficient and positive health care experience. This center is conveniently located to many businesses and shops, with easy access from the major freeways.

Address



Southwest - 51st and Buckeye

5340 W Buckeye
Road Suite 3
Phoenix, AZ 85043

[Get Directions](#)

● HOURS

Medical Center

Monday
8:00 am - 5:00 pm
Tuesday
8:00 am - 5:00 pm

 LOCATIONS

Search here



sprains and broken bones to coughs, colds, and flu. Our clinical organization include board-certified medical doctors, certified physical therapists, nurse practitioners, medical assistants, physician assistants, and other clinical experts.

- + Workers Comp Injury Treatment
- + Injury Treatment
- + Physical Therapy
- + Occupational Health Services
- + Drug Screening
- + Physicals
- + Urgent Care
- + Biometric Testing

Urgent Care Center Visits

We want your visit to Concentra Phoenix to go smoothly. Here's what you need to bring to ensure the time you spend at the clinic is effective and efficient.

- + Photo ID
- + Proof of insurance
- + Medical history information
- + List of current prescriptions

Payment in full is due at the time of your visit. We make paying for your visit easy for you by accepting several types of payment.

8:00 am - 5:00 pm

Physical Therapy

Monday

8:00 am - 5:00 pm

Tuesday

8:00 am - 5:00 pm

Wednesday

8:00 am - 5:00 pm

Thursday

8:00 am - 5:00 pm

Friday

8:00 am - 5:00 pm

Thanksgiving Day

Closed

Thanksgiving Friday

Closed

● CONTACT

Center Phone

[602.233.2117](tel:602.233.2117)

Send a Fax

602.484.7930

Center Contact

Nat Sanchez

 LOCATIONS

Search here



3.5 Miles
2010 N. 75th Avenue
Phoenix, AZ 85035-3247

[Get Directions](#)

● **CURRENTLY OPEN**

Phone: 623.245.6695
Fax: 623.245.3582

[Clinic Details](#)

West - 35th and Thomas

3.7 Miles
3532 W Thomas Road
Suite 5
Phoenix, AZ 85019

[Get Directions](#)

● **CURRENTLY OPEN**

Phone: 602.272.7662
Fax: 602.269.2417

[Clinic Details](#)

Airport Phoenix

7.5 Miles
1818 E Sky Harbor Circle North
Bldg 2
Suite 150
Phoenix, AZ 85034

[Get Directions](#)

● **CURRENTLY OPEN**

Phone: 602.244.9500
Fax: 602.244.9543

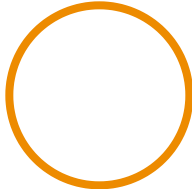
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Step **1** 2 3 4

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 LOCATIONS

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I need something **else** (for example, patient care, Concentra HUB, test results, etc.)

Contact Us

About Concentra



Resources



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SECRETARY OF STATE

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(<https://twitter.com/SecretaryHobbs>)



(<https://www.facebook.com/SecretaryHobbs>)



(<https://www.instagram.com/azsecretaryhobbs/>)

(<https://az.gov/>)



Entity Search

Back

File ID:

9160537

Name:

concentra

Business Address:

5080 Spectrum Dr
1200 W Tower
Addison, Texas
75001

Mailing Address:

4714 GETTYSBURG RD
Mechanicsburg, Pennsylvania
17055

Phone:

717-972-1100

Nature of Business:

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